PTC/SB06 (08-03)
use through 7/31/2008, CMB 0551-0032
v. U.S. DEPARTMENT OF COMMERCE

Under the Presentate Reduction Act of 1995, no percent are required to respond to a consecution of information under								Continut	on or Dortel Ma	mber
PATENT APPLICATION FEE DETERMINATION RECORD  Application of Doctor Number  Substitute for Form PTO-875										
CLAIMS AS FILED - PART I (Column I) (Column Z)						SMALL ENTITY		OR .	OTHER THAN SMALL ENTITY	
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
G	C FEE SFR 1.16(a))					·	3	OR		<u>\$</u>
(37 (	AL CLAIMS CFR 1.16(x))		minus 20 =					OR	x s°	
	PENDENT CLAU DFR 1,16(p))	S	entrum 3		8 •			OR	x s•	
MALTIPLE DEPENDENT CLAIM PRESE			ENT (ST CFR 1.16(4))			+5		OR	+5•	
" if the difference in column 1 is less than zero, enter "I" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
~	317104	O (Column 1)	Column 1)		(Column 2) (Column 3)		SMALL ENTITY		OTHER SMALL	
MTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	HOKAL HOKAL		RATE	ADDI- TIONAL FEE
AMENDMENT	Yotal profit integ	24	Minus	35	•	x 5=	/	OR	X 5=	
	Independent (OF CFR 1,1800)	. 8	Minus	<del>- यु</del>	•	x s=		OR	X 5	
A	FIRST PRESENT	ATION OF MULTIPLE	DEPEND	OFF CLAIM (ST CF	R 1.16(d)	·. Z		OR	+5=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Cohumn 1) (Cohumn 2) (Cohumn 3)						20001				
_		(Column 1)		HIGHEST	(CGGIRII 3)		T	1.		
8		REMAINING		NUMBER	PRESENT	RATE	ADDI-	1.	RATE	ADDI-
EN		AFTER		PREVIOUSLY	EXTRA		TIONAL FEE	ľ		TIONAL FEE
ΣΨ	Yotal	* 2 /	Minus	PAID FOR	•	× .	<del>"</del> /		X : -	
NO NO NO NO NO NO NO NO NO NO NO NO NO N	(DT CFR L 18(4)) Independent	. 50	Miras		• /		<del>  /</del>	OR		
AME	COT COTT L 1800			<u> </u>		× s=	<del>  /                                   </del>	OR	× 5=	
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 GPR 1.16(4))						+se	/	OR	TOTAL	
						ADDL FEE	<b>/</b>	OR.	ADD'L FEE	
		(Column 1)		(Column 2)		(				
ENTC	,	CLAIMS REMAINING AFTER AMENDMENT		MIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA :	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Great Ligat	•	Minus	•	•	x s=		OR	X 80	
	Independent (37 CFR 1.14(s))	•	Minus	***	•	× 4 •		OR	x 8 =	
₹	FIRST PRESENT	ATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	R 1.16(4)	+:		OR	+ 5 •	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	• If the entry in c	olumn 1 is less the	n the entr	y in cohann 2, wri	te "O" in column	3.		,		
• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Highest Nurriber Previously Paid For" In THIS SPACE is less than 20, enter "20".  "If the "Highest Nurriber Previously Paid For" In THIS SPACE is less than 20, enter "2".										

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CPR 1.18. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO to proceed) on application. Confidentially is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to tate 12 minutes to complete, but drug gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be east to the Chief Information Criticar, U.S. Patent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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